

Vaccine Administration Worksheet

Recipient Information

* Required Fields

***Recipient Full Name:**

_____ First Last

***Recipient Date of Birth:**

____/____/____
Month Day Year

Administering Site Information

Responsible Organization:

"Responsible Organization" is the name of the parent organization or health system that originated and is accountable for the content of the record. If an organization has several clinics or facilities, this would be the organization that represents all of the clinics/facilities.

Administration at Location:

"Administration at Location" is the name of the physical clinic or facility that reported the vaccination, refusal, or missed appointment. In a small practice setting, this could be the same as the responsible organization.

Vaccine Administration Information

* Required Fields

***Administration Date:**

____/____/____
Month Day Year

***Administration Time:**

_____ : _____ AM PM

***Vaccine Expiration Date:**

____/____/____
Month Day Year

Vaccine Barcode:

***Vaccine Manufacturer (MVX):**

***Vaccine Product (NDC):**

***Available Vaccine Inventory:**

***Vaccine Lot Number:**

***Vaccine administered on behalf of (Clinician):**

***Injection Site**

- ____ Left Deltoid (LD)
- ____ Left Arm (LA)
- ____ Left Lower Forearm (LLFA)
- ____ Right Deltoid (RD)
- ____ Right Arm (RA)
- ____ Right Lower Forearm (RLFA)
- ____ Left Thigh (LT)
- ____ Left Gluteus Medius (LG)
- ____ Left Vastus Lateralis (LVL)
- ____ Right Thigh (RT)
- ____ Right Gluteus Medius (RG)
- ____ Right Vastus Lateralis (RVL)

***Vaccine Route of Administration**

- ____ Intramuscular (IM)
- ____ Subcutaneous (SQ)
- ____ Intradermal (ID)

***Dose Number**

- ____ First Dose
- ____ Second Dose

Notes:
